



Arizona Department of Health Services
Arizona State Trauma Registry – Research/Data Request
Public-Use Data Agreement

It is of utmost importance to protect the privacy of patients that have been identified as a trauma case and reported to the Arizona State Trauma Registry (ASTR). Every effort has been made to ensure the confidentiality of the ASTR patient records via exclusion of identifying information from the computer files. Certain demographic information such as sex, race, etc. has been included for research purposes. Published research results **MUST** be presented in a manner which ensures that no individual can be identified. Users shall not attempt to identify individuals from any computer file nor shall they link with a computer file containing patient identifiers. This is a request for Trauma Registry Data. All Identifying information will be kept confidential in accordance with A.R.S. §36-2221.

In order for the ASTR to provide a public-use or another version of data to you, it is necessary that you agree to the following provisions:

1. You will not use nor permit others to use the data in any way other than those identified in the request form which stated the purpose and intended use.
2. You will not present/publish data in which an individual can be identified.
3. You will not attempt to link nor permit others to link the data with individually identified records in another database.
4. You will not attempt to learn the identity of any person whose trauma data is contained in the supplied file(s).
5. If the identity of any person is discovered inadvertently, then the following should be done;
 - a) no use will be made of this knowledge,
 - b) the ASTR will be notified of the incident,
 - c) no one else will be informed of the discovered identity.
6. You will not release nor permit others to release the data in full or in part to any person except with the written approval of the ASTR.
7. If accessing the data from a centralized location on a time-sharing computer system, LAN, or another statistical package, you will not share your logon name and password with any other individuals. You will also not allow any other individuals to use your computer account after you have logged on with your logon name and password.
8. The source of information should be cited in all publications in the following format: "Source: Arizona State Trauma Registry, YYYY". ("YYYY" = 4-digit year of the data or range of years for multiple years.)

My signature indicates that I agree to comply with the above stated provisions.

Signature

Date

ASTR Use Only

Name: _____
Request Type: _____

Please fax this signed and dated agreement to: The Arizona State Trauma Registry, 602-364-3568